

Admission Deposit Form

Please return this form to WCCC with your \$75.00 admission deposit, within 30 days of receipt of your acceptance letter to secure your space in the program. Make your check or money order payable to Washington County Community College. For credit card use, contact the Student Account Representative 207-454-1025.

Last Name: _____ First Name: _____ M.I.: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Mobile Phone Number: _____

Cell phone carrier: US Cellular Verizon AT & T Tracfone Other _____ Text Updates: ___ Yes ___ No

Student ID #: _____ Email address: _____

Program of Study: _____ Date of Birth: _____

EMERGENCY CONTACT

Closest Living Relative/Spouse: _____

Relationship: _____ Email address: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Mobile Phone Number: _____

Name of Health Insurance Company: _____ Policy Number: _____

Name of Policy Holder: _____

LOCAL NEWSPAPER

This information is used to publish academic successes of WCCC Students.

Name of Newspaper: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email address: _____

Placement in the program of study is not secured until the admission deposit is received. This deposit is credited toward your upcoming semester charges and is not an additional fee. Should you decide not to attend WCCC, this deposit can be refunded up to 120 days prior to semester start date.

Student Signature: _____ Date: _____

For Business Office Use Only

Date Received: _____ Receipt #: _____ Received By: _____

For Admission Office Use Only

Processed: _____

Initials

Date

Non-Discrimination Policy: Washington County Community College is an equal opportunity/affirmative action institution and employer.

For more information; please call Tatiana Osmond, Affirmative Action Officer, at 207-454-1094.